State of Arizona

Department of Health Services

Request For Grant Application (RFGA)

RFGA Number: **AGR2007-26**

RFGA Due Date / Time: **Tuesday, October 31, 2006** at 3:00 P.M. Local Time

Submittal Location: Arizona Department of Health Services
1740 West Adams Street, Room 303
Phoenix, Arizona 85007

Description of Procurement: **HIV Prevention Services**

A Pre-Application Conference:	**Thursday** **October 5, 2006**	**9:30 A.M.**	**ADHS Building** **1740 W. Adams, Room 309** **Phoenix, AZ 85007**
	Date	***Time***	***Location***

In accordance with A.R.S. §41-2701, competitive Sealed Grant Applications to provide materials or services specified will be received by the Arizona Department of Health Services, at the above-specified location until the time and date cited.

Applications must be in the actual possession of the Arizona Department of Health Services, Procurement Office on or prior to the time and date, and at the submittal location indicated above. ***Late Applications will not be considered***.

Applications must be submitted in a sealed envelope or package with the RFGA Number and the Applicant's name and address clearly indicated on the envelope or package. All Applications must be completed in ink or typewritten. Additional instructions for preparing an Application are included in this RFGA.

Persons with disabilities may request special accommodations such as interpreters, alternate formats, or assistance with physical accessibility. Requests for special accommodations must be made with 72 hours prior notice. Such requests are to be addressed to the RFGA Contact Person.

APPLICANTS ARE STRONGLY ENCOURAGED TO <u>CAREFULLY</u> READ THE ENTIRE RFGA.

Grant Solicitation Contact Person:

Dee Vlahos
Name

State Government Administrator

Tel: (602) 364 – 1482
Email: vlahosd@azdhs.gov
Telephone Number / Email

Date

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Arizona Department of Health Services
1740 W. Adams, Room 303
Phoenix, Arizona 85007
(602) 542 - 1040
(602) 542 - 1741 (Fax)

The Undersigned hereby applies and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications, any amendments in the Request and any written exceptions in the Application.

Applicant's Arizona Transaction (Sales) Privilege Tax License Number: _____

Applicant's Federal Employer Identification Number: _____

Applicant's Name	Name of Person Authorized to Sign Application
Street Address	Title of Authorized Person
City State Zip Code	Signature of Authorized Person Date
Telephone Number: _____	Facsimile Number: _____

Acknowledgement of Amendment(s):	Amendment No.	Date	Amendment No.	Date
(Applicant acknowledges receipt of amendment(s) to the Request for Grant Application and related documents numbered and dated				

ACCEPTANCE OF APPLICATION AND GRANT AWARD

(For State of Arizona Use Only)

Your Application, dated_____, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the RFGA and your Application, as accepted by the State.

This Grant will henceforth be referred to as Grant Number: **AGR2007-26**

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this Grant until you receive an executed purchase order, grant release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this _____ day of _____2007.

_____

State Government Administrator

STATEMENT OF PURPOSE

The Office of HIV/AIDS in the Arizona Department of Health Services has the responsibility for administering HIV Prevention Program funds provided by the Centers for Disease Control and Prevention. The funds are provided to State Health Departments to implement elements of a statewide Comprehensive HIV Prevention Plan.

The State of Arizona operates an HIV Community Planning Group (CPG). In addition to the CPG, Arizona maintains three regional HIV prevention advisory bodies. Under the Cooperative Agreement between the State of Arizona and the Centers for Disease Control and Prevention the CPG is responsible for the prioritization of at-risk populations and identification of appropriate interventions for each population. Arizona Department of Health Services, Office of HIV/AIDS is responsible for the allocation of Cooperative Agreement funds to match the prioritized populations and interventions.

The Prevention Planning Group for Arizona (PPGA) identified the following target populations for the state of Arizona: Persons living with HIV/AIDS and their partners, Men who have Sex with Men Population Injection Drug User Priority Population. The total amount available under this Solicitation will be approximately $1,300,000 for all of these populations.

WHAT WILL BE FUNDED WITH THIS GRANT APPLICATION

Program Mission/Goals

The mission of the HIV Prevention Program is to reduce the number of new HIV infections in Arizona.

Project goals include:

1. By March 30, 2007, develop and implement programs for HIV prevention that targets the highest risk populations in the state of Arizona.

2. By December 31, 2009, increase the number of HIV positive persons who participate in prevention programs.

3. By December 31, 2009, increase the number of highest risk persons who participate in prevention programs.

4. By December 31, 2009, identify best practice prevention programs for Arizona.

Target Populations

Arizona has identified the following target populations:

Persons living with HIV/AIDS and their partners in Arizona
Men who have Sex with Men (MSM) living in Maricopa County
Men who have Sex with Men (MSM) living in Pima County
Men who have Sex with Men (MSM) living in Coconino County
Men who have Sex with Men (MSM) living in Mohave County
Injection Drug Users (IDU) living in Maricopa County
Injection Drug Users (IDU) living in Pima County
Injection Drug Users (IDU) living in Yavapai County

Grantees may utilize methods that are appropriate for the demographics and particular characteristics of their community to achieve program outcomes. Within the framework of the HIV prevention program is the flexibility for contractors to implement the program in a manner that "fits" their community. The program works to assure that differences in culture and values are respected among communities throughout the state. (See ADHS recommended interventions, **Exhibit 1**).

Criteria that will be utilized to evaluate program and chosen intervention include: 1) justification for selecting intervention, 2) consistency with the Diffusion of Effective Behavioral Interventions and Replication of Effective Prevention Programs publications of the Centers for Disease Control (links provided on page 41) and 3) use of medically accurate information and data in accordance with current public health practices. (See CDC Guidance, Provisional Procedural Guidance for Community-Based Organizations, **Exhibit 2).**

ELIGIBLE APPLICANTS

Private, non-profit (classified as 501(c), by the Internal Revenue Service), and public agencies are eligible to apply .

SPECIAL INSTRUCTIONS TO APPLICANTS

1. Pre-Application Conference:

a. Prospective applicants are invited to attend a pre-application conference. The date, time and location of this conference are indicated on the cover page. This conference will be to clarify the contents of this Request for Grant Application (RFGA) in order to prevent any misunderstanding of the Department's position. Any doubt as to the requirements of this RFGA or any apparent omission or discrepancy should be presented to the Department at this conference. The Department will then determine the appropriate action necessary, if any and may issue a written amendment to this RFGA. Oral statements or instructions shall not constitute an amendment to this RFGA.

b. Those who are planning to attend the Pre-Offer Conference should RSVP to the ADHS Procurement Office at 602-542 1040 or email to: vlahosd@azdhs.gov no later than Monday, October 2, 2006.

2. Application Opening:

Applications shall be opened publicly at the time and place designated on the cover page of this document. The name of each Applicant shall be read at this time. After Grant award, the applications and evaluation documents shall be open for public inspections. The anticipated award date is January 1, 2007.

3. Evaluation Criteria:

Grant Applications will be evaluated according to A.R.S. § 41-2702F and based upon the evaluation criteria listed below. The criteria are listed in the relative order of importance and are based on the following:

i. Narrative Executive Summary and Scope of Work/Logic Model "TASKS Methodologies" to perform and complete the work.

ii. Experience/Expertise/Reliability and Qualifications based on background, history, track record, organization chart, financial statement, staff resumes, and letters of support.

iii. Resources: Ability to perform services as reflected by availability and suitability of staff and resources.

iv. Applicant's Past HIV or Other Relative Experience (**Attachment 2**).

v. Collaboration as demonstrated with memorandums of understanding sub-contracts and letters from collaborative agencies describing support of the proposed partnership.

vi. Cost: Itemized Budget and budget justification and price sheet showing proposed cost (s) including other sources of HIV program related funds.

vii. Conformance to all other RFGA Requirements and Conditions.

4. RFGA Questions:

Submit any questions regarding clarification about the RFGA may be submitted in writing, or email not later than seven (7) working days prior to the RFGA due date to:

Dee Vlahos, Procurement Specialist
Office of Procurement
Arizona Department of Health Services
1740 West Adams, Room 303
Phoenix, Arizona 85007
Phone No.: (602) 364-1482
Fax No.: (602) 542-1741
E-mail address: vlahosd@azdhs.gov

5. Confidential Information:

If an applicant believes that their application contains information that should be withheld, a statement advising the ADHS Administrator of this fact and explaining the reasons for confidentiality shall accompany the submission, and the information shall be so identified wherever it appears. The person shall stamp or specifically identify all information the people believe remains confidential. The information identified by the person as confidential shall not be disclosed until the ADHS Administrator makes a written determination. The ADHS Administrator shall review the statement and information and shall determine in writing whether the information shall be withheld. If the ADHS Administrator determines to disclose the information, the ADHS Administrator shall inform the person in writing of such determination.

6. Discussion:

In accordance with A.R.S. §41-2702, after the initial receipt of applications, the Department reserves the option to conduct discussions with those applicant's who submit applications determined by the Department to be reasonably susceptible of being selected for award for the purpose of clarification to assure full understanding of and responsiveness to the application requirements regarding the grant and the relative methods of approach for furnishing the required services.

7. Multiple Awards:

In order to assure that any ensuing grants will allow the State to fulfill current and future needs, ADHS reserves the right to award grants to multiple applicants.

8. Irrevocable Applications:

Applications shall be irrevocable until and after the grant contracts are awarded.

9. Collaborative Partnerships within Program Area:

The state encourages partnerships with other entities and programs within communities. Partnerships and/or collaborative efforts are defined as joint efforts with other entities that could provide additional resources, such as funding, in-kind, direct services, volunteers, and community support. When proposing partnerships, provide letters of agreement or memoranda of understanding describing the roles and responsibilities each partner will assume and signed by appropriate partners.

10. Authorized Signature:

A. For any document that requires the Applicant's signature, the signature provided must be that of the Owner, Partner or Corporate Officer duly authorized to sign Grant agreements. Additionally, if requested by ADHS, disclosure of ownership information shall be submitted.

(1) Privately Owned: The Owner must sign the grant application.

(2) Partnership: A Partner must sign the grant application.

(3) Corporation: A duly authorized Corporate Officer must sign the grant application.

(4) Public Entity: Director

B. If a person other than these specified individuals signs the grant application, a Power of Attorney indicating the employee's authority must accompany the grant application. All addenda to the grant application shall be signed by the authorized individual who signed the grant application except that they may be signed by a duly authorized designee.

HOW TO PREPARE AND SUBMIT APPLICATION

1. Read and familiarize yourself with all sections of this RFGA.

2. Definition of Terms used in this RFGA.

A. ***"Activities"*** are day-to-day and periodic things that are accomplished to meet the goal(s). They are usually single-faceted, simply stated and numerous.

B. ***"ADHS"*** means the Arizona Department of Health Services.

C. ***"Department"*** means the Arizona Department of Health Services.

D. ***"Shall or Must"*** indicates a mandatory requirement. Failure to meet these mandatory requirements may result in the rejection of an application as non-responsive.

3. **Required Application Information.** The followings shall be submitted concurrent with and as part of the Application:

One (1) original and five (5) copies of each application shall be submitted on the forms and in the format specified in the RFGA. The responses shall be typed using a 12-point font and single-spaced. The original copy of the application should be clearly labeled "ORIGINAL". The material should be in sequence and related to the RFGA. The Department will not provide any reimbursement for the cost of developing or presenting applications in response to this RFGA. Failure to include the requested information may have a negative impact on the evaluation of the applicant's application. Applications shall have a table of contents, and tabs for each section. The original, ink-signed application shall be provided in a 1 inch, 3-ring binder labeled with Applicant's name and project title, with tabs for each section. The copies shall be submitted stapled or clipped and marked as "copy". The application should be organized and submitted in the following order:

a. Table of Contents for entire application with page numbers.

b. Signed Application and Award Form.

c. Terms and Conditions (one set with the original application only).

d. Written responses to Narrative Executive Summary (**not to exceed six (6) pages**) a brief summary of the plan for provision of HIV prevention services.

e. Scope of Work/Logic Model Tasks Methodologies **(not to exceed twenty-two (22) pages)** including the Logic Model* matrix (not to exceed 6 pages) describing the Applicant's ability to provide services to include the following:

i. Plan for provision of HIV Prevention Services including approach, target population and geographic areas including the Logic Model matrix and total dollar amount requested in the application.

ii. The Logic Model is a useful planning tool that will assure that the proposed program addresses the identified problem of the target population. The tasks outlined in Scope of Work/Logic Model Items 1 through 6 detail the sequential questions and steps required in order to complete the Logic Model. The completed Logic Model matrix is a concise summary of the outlined tasks (**refer to Attachment 1**).

iii. If applicable, provide information about proposed subcontractors or other collaborative agencies or schools.

iv. Tasks 1 through 6

*The Office of HIV/AIDS (OH/A) is incorporating the Arizona Program Design and Evaluation Logic Model (hereinafter referred to as the Logic Model) into its RFGA process. The Logic Model was developed by the Governor's Community Policy Office in collaboration with other state agencies for the purpose of creating a standardized, consistent approach to making grants that identifies and describes a sequence of tasks needed to solicit,

apply for, and award grants. The Logic Model emphasizes the interrelationships of designing, implementing and evaluating programs. The applicant will be asked to show these linkages throughout their application.

f. Organization Chart - Provide a current organizational chart of the personnel. Chart shall include the Contractor and its subcontractors.

g. Experience/Expertise/Reliability and Qualifications

i. Provide a description of Applicant's background, history and resources.

ii. Completed **Attachment 2** – Applicant's Past HIV or Other Relative Experience. Any copy of professional license or certification, if applicable must be attached with this form. This form must correspond to, and be consistent with, staff identified in your budget.

iii. If any part of the applicant's services/work on any contract awarded pursuant to this RFGA is to be performed by subcontractors, identify such parties and describe their functions. A completed **Attachment 2** shall be submitted for subcontracts. Also include resumes of the senior/executive officers and key personnel of the subcontractors to be assigned to this Contract.

iv. Provide Applicant's financial statement, and

v. Provide three (3) letters of support from current or previous customers who have received the same or similar services from the applicant, including name, telephone number, dates and descriptions of services provided.

h. Resources – Describe how Applicant will perform the proposed services as reflected by availability and suitability of staff resources.

i. Completed Itemized Budget, written budget justification and Price Sheet/Fee Schedule. (**Refer to Attachment 6 ~ 7, pages 25-30 and the Price Sheet/Fee Schedule page 19**).

j. Completed Implementation Plan (**Attachment 5**)

k. Other Attachments: As applicable.

TERMS AND CONDITIONS

1. **Grant Term:** The initial term of this Grant shall commence on January 1, 2007 and shall remain in effect through December 31, 2007, unless terminated, canceled, or extended as otherwise provided herein.

2. **Option to Renew Grant:** This Grant shall not bind nor purport to bind ADHS and the Grantee for any grant commitment in excess of the original grant term. ADHS shall have the right, at its sole option, to renew the Grant, in one-year increments, not to exceed a total grant term of four (4) years. If ADHS exercises such rights, all terms, conditions and provisions of the original Grant shall remain the same and apply during the option terms. With approval from the ADHS Administrator, the logic model and price sheet/fee schedule will be reviewed, updated and negotiated with the ADHS Program Manager to reflect the performance plan for the next annual Grant term. Thereafter, the performance plan update will be negotiated with the ADHS Program Manager on an annual basis.

3. **Grant Type:** Cost Reimbursement.

4. **Grant Amendments:** Any change in this Grant, including the Scope of Services, shall only be accomplished by a formal, written grant amendment, signed by the ADHS Administrator. Any such amendment shall be within the scope of the grant and shall specify the change, any increase or decrease in Grant amount and the effective date of the change. The Grantee expressly and explicitly understands and agrees that no other method and/or no other document, including correspondence, acts and oral communications by or from any person, shall be used or construed as an amendment to this Grant.

5. **Availability of Funds for the Next Fiscal Year:**

   Funds may not presently be available for performance under this Grant beyond the current fiscal year. No legal liability on the part of the State for any payment may arise under this Grant beyond the current fiscal year until funds are made available for performance of this Grant. The State shall make reasonable efforts to secure such funds.

6. **Key Personnel:** It is essential the Grantee provide an adequate staff of experienced personnel, capable of and devoted to the successful accomplishment of work performed under this Grant. The Grantee must assign specific individuals to key positions of responsibility (**as identified on Attachment 3**). Once assigned to work under this Grant, key personnel shall not be removed or replaced without prior express written approval by the ADHS Program Administrator.

7. **Payment:** The Grantee shall submit to ADHS, a quarterly statement of charges in a form provided as **Exhibit 3**, Contractor's Expenditure Report (CER) for the work completed under an approved project manager in conformance with the price sheet/fee schedule of this contract.

8. **Suspension or Debarment Status:** If the firm, business or person submitting this Application has been debarred, suspended or otherwise lawfully precluded from participating in any public procurement activity, including being disapproved as a Grantee with any federal, state or local government or if any such preclusion from participation from any public procurement activity is currently pending, the Applicant shall fully explain the circumstances relating to the preclusion or proposed preclusion in the Application. The Applicant shall include a letter with its Application setting forth the name and address of the governmental unit, the effective date of this suspension or debarment, the duration of the suspension or debarment, and the relevant circumstances relating to the suspension or debarment. If suspension or debarment is currently pending, a detailed description of all relevant circumstances including the details enumerated above shall be provided. The Application of an Applicant who is currently debarred, suspended or otherwise lawfully prohibited from any public procurement activity shall be rejected.

9. **Information Disclosure:** The Grantee shall establish and maintain procedures and controls that are acceptable to the state for the purpose of assuring that no information contained in its records or obtained from the state or from others in carrying out its functions under the Grant shall be used or disclosed by it, its agents, officers, or employees, except as required to efficiently perform duties under the Grant. Persons requesting such information should be referred to the state. The Grantee also agrees that any information pertaining to individual persons shall not be divulged other than to

employees or officers of Grantee as needed for the performance of duties under the Grant, unless otherwise agreed to in writing by the state.

10. **Accounting Requirements:** All financial records shall be maintained and expenditures made in accordance with the Generally Accepted Accounting Principles to permit accurate tracking of funds to a level of expenditure adequate to ensure proper use of funds.

11. **Audit:** Pursuant to A.R.S. §35-214, at any time during the term of this Grant and five years thereafter, the Grantee's or any subcontractor's books and records shall be subject to audit by the State and, where applicable, the Federal Government, to the extent that the books and records relate to the performance of the Grant.

12. **Financial Management:** For all Grants, the practices, procedures, and standards specified in and required by the Accounting and Auditing Procedures Manual for Arizona Department of Health Services funded programs shall be used by the Grantee in the management of Grant funds and by the Department when performing a Grant audit. Funds collected by the Grantee in the form of fees, donations and/or charges for the delivery of these Grant services shall be accounted for in a separate fund.

State Funding. Grantees receiving state funds under this contract shall comply with the certified Compliance provisions of A.R.S. §35-181.03.

Federal Funding. Contractors receiving federal funds under this contract shall comply with the certified finance and compliance audit provision of the Office of Management and Budget (OMB) Circular A-133, if applicable. The federal financial assistance information shall be stated in a Change Order or Purchase Order.

13. **Sub Contracts:** The Grantee shall not enter into any Subcontract under this Grant for the performance of this Grant without the advance written approval of the ADHS Program Administrator. The Grantee shall clearly list any proposed subcontractors and the subcontractor's proposed responsibilities. The Subcontract shall incorporate by reference the terms and conditions of this Grant.

14. **Federal Procurement Suspension/Debarment:** All applicants upon submittal and signature of their application hereby attest and certify that the company has not been debarred or suspended from federal procurements.

15. **Federal Grant Restrictions:** Applicants will use the Arizona Department of Health Services Performance Evaluation Measurement System to report all program activities.

Applicants will provide a copy of all printed or broadcast media or any other materials developed or distributed using funds awarded under this grant to the Arizona Department of Health Services Materials Review Committee for approval.

All websites maintained by contractors shall contain a notice alerting individuals who may be searching or browsing the web that the content may not be appropriate for all audiences. Sample messages may be obtained fro ADHS. All materials developed or utilized by the program will be approved by the ADHS Materials Review Committee prior to use. Guidelines for submission may be obtained from ADHS.

16. **Licenses:** Grantee shall maintain in current status, all Federal, State and local licenses and permits required for the operation of the business conducted by the Grantee.

17. **Purchase Orders:** The Grantee shall, in accordance with all terms and conditions of the Grant, fully perform and shall be obligated to comply with all purchase orders received by the Grantee prior to the expiration or termination hereof, unless otherwise directed in writing by the State Government Administrator, including, without limitation, all purchase orders received prior to but not fully performed and satisfied at the expiration or termination of this Grant.

18. **Health Insurance Accountability and Portability Act of 1996 (HIPAA) Requirements:** The Grantee warrants that it is familiar with the requirements of HIPAA and HIPAA's accompanying regulations and will comply with all applicable HIPAA requirements in the course of this contract. Grantee warrants that it will cooperate with the Arizona Department of Health Services (ADHS) in the course of performance of the contract so that both the ADHS and Grantee will be in

compliance with HIPAA, including cooperation and coordination with the ADHS Privacy Officer and other compliance officials required by HIPAA and its regulations. Grantee will sign any documents that are reasonably necessary to keep the ADHS and Grantee in compliance with HIPAA, including, but not limited to, business associate agreements.

If requested by the ADHS, Grantee agrees to sign the "Arizona Department of Health Services Pledge To Protect Confidential Information" and to abide by the statements addressing the creation, use and disclosure of confidential information, including information designated as protected health information and all other confidential or sensitive information as defined in policy. In addition, if requested, Grantee agrees to attend or participate in HIPAA training offered by the ADHS or to provide written verification that the Grantee has attended or participated in job related HIPAA training that is: (1) intended to make the Grantee proficient in HIPAA for purposes of performing the services required and (2) presented by a HIPAA Privacy Officer or other person or program knowledgeable and experienced in HIPAA and who has been approved by the ADHS HIPAA Compliance Officer.

19. Arizona Substitute/IRS W-9 Form: In order to receive payment the Grantee shall have a current Arizona Substitute W-9 Form on file with the State of Arizona, unless not required by law.

20. Cancellation for Conflict of Interest: Pursuant to A.R.S. § 38-511, the State may cancel this Grant within three (3) years after Grant execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting or creating the Grant on behalf of the State is or becomes at any time while the Grant or an extension of the Grant is in effect an employee of or a consultant to any other party to this Grant with respect to the subject matter of the Grant. The cancellation shall be effective when the Grantee receives written notice of the cancellation unless the notice specifies a later time. If the Grantee is a political subdivision of the State, it may also cancel this Grant as provided in A.R.S. § 38-511.

21. Arbitration: The parties to this Grant agree to resolve all disputes arising out of or relating to this Grant through arbitration, after exhausting applicable administrative review, to the extent required by A.R.S. § 12-1518, except as may be required by other applicable statutes (Title 41).

22. Offshore Performance of Work Prohibited: Due to security and identity protection concerns, direct services under this contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in the specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers. Grantees shall declare all anticipated offshore services in the Grant Application.

23. Federal Immigration Laws, Compliance by State Contractors:

By entering into the Contract, the Contractor warrants compliance with the Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees. The Contractor shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon request. These warranties shall remain in effect through the term of the Contract. The Contractor and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor's Immigration and Control Act, for all employees performing work under the Contract. I-9 forms are available for download at USCIS.GOV.

The State may request verification of compliance for any Contractor or subcontractor performing work under the Contract. Should the State suspect or find that the Contractor or any of its subcontractors are not in compliance, the State may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or debarment of the Contractor. All costs necessary to verify compliance are the responsibility of the Contractor.

SCOPE OF WORK / LOGIC MODEL

RFGA NO.: AGR2007-26

PREVENTION AND/OR SCREENING / EARLY DETECTION PROGRAMS

TASKS:

Submit a written response to each of the following Logic Model Tasks. (Retype each item and then provide the response.)

1. NEEDS/RESOURCES: ***(not to exceed three(3) pages, not including Attachments)***

This module creates a foundation for the application by focusing on population to be reached, other people or groups who will play a role in the development or implementation of the program, the relevant risk and protective factors/assets, and the identification of other resources currently directed toward the target population.

1.a State the problem addressed in this application.

1.b Based on the stated problem, what Target Population(s) in what geographic area will the application be targeting?

1.c Identify the external team. What other individuals or organizations (key stakeholders who have a vested interest in the stated problem) are involved in the development and/or implementation of the application and what are their specific roles?

1.d Identify the internal team. Who are the individuals within the applicant's organization involved in the development and implementation of the application and what are their specific roles? It will be particularly important to show there will be continuity of staff as the application moves from development to the implementation. (Completed **Attachments 2, 3 and 4)**.

1.e Select risk factors (those that make an individual more likely to become involved in negative behavior or situation) and/or protective factors (those that help individuals resist negative behavior or situation) that are the most relevant to the target population.

1.f What other resources (federal, state, or local funds plus any in-kind resources) in your community are currently being directed toward the target population?

1.g Will the application support or enhance those efforts? If so, how?

1.h Describe the applicant's/collaboration's ability to meet the identified needs and give examples of experience in implementing related programs and the outcomes of those programs.

2. GOALS AND OUTCOME OBJECTIVES: ***(not to exceed three (3) pages)***

This module captures the broad statements of intent (goals) and the measurable, time-specific outcomes (objectives) that will address the identified problem/needs. Goals are general and should reflect what changes are desired within your targeted population. Objectives should support the goals, should describe specific changes that will be accomplished within a certain period of time and are able to be measured. It is critical that the goals and objectives are realistic in terms of both time and available resources. Therefore, it may be necessary to develop intermediate or short-term objectives. **It is also important that the goals and objectives be stated or otherwise explained in ways that directly link them to the identified problem/needs and the selected risk and protective factors. The initial grant time period to be reflected in the goals and objectives will be approximately January 1, 2007 – December 31, 2011.**

2.a State the goal(s) that will address the identified problem/need.

2.b For each goal, identify an objective(s) that:

2.b.1 Describes what change will be expected in the targeted population/area (e.g. increase in knowledge of strategies to avoid or minimize exposure to HIV);
2.b.2 Quantifies how much will change (e.g. increase or decrease in numbers, percentages, etc.);
2.b.3 Provide a specific date by which the change(s) will occur.

2.c Explain how the goals and objectives are linked to the identified problem/needs and the selected risk and/or protective factors.

3. STRATEGIES/APPROACHES: ***(not to exceed four (4) pages, not including Attachments)***

This module identifies and describes the interventions chosen to reach the stated goals and outcome objectives. These strategies and approaches can be total programs that have already been proven effective in addressing the identified problem/needs, they can be adaptations or strategies selected from effective programs, or they can be programs the applicant has created. If an original or adapted program is chosen, be sure the components of the program are backed up by science-based theory related to the particular problem/need and target population/area being addressed.

3.a Describe the strategies/approaches (program) that will be used to meet the goals and objectives.

3.b Explain how the selected strategies/approaches fit with the problem/need and will lead to achieving the stated goals and objectives.

3.c Describe the extent to which the community is ready to improve current conditions and implement the selected strategies/approaches. Provide memorandums of understanding, sub-contracts and letters of collaboration with/from local community agencies, schools or other entities.

3.d Identify the science-based theory and best practices program(s) or community based promising programs that support the strategies/approaches and explain how they apply to the targeted population/area. Provide any program evaluation data that support strategies/approaches for targeted population/area.

3.e If adapting a proven program, explain what the adaptations are and why they are being made.

3.f How do the strategies/approaches connect to the selected risk and protective factors/assets?

3.g Describe the characteristics of the targeted population and explain, as needed, how the strategies/approaches are culturally competent, age appropriate and gender responsive.

4. IMPLEMENTATION PLAN/ORGANIZATIONAL CAPACITY: ***(not to exceed five (5) pages, not including Attachments)***

This module focuses on the steps that must be taken and the organizational capacity needed to put the strategies/approaches into action. It should include all the elements that will be required to operationalize the strategies/approaches for the duration of the grant.

Implementation/Work Plan Activities

4.a Sequentially list the activities needed to implement the strategies/approaches including timelines and responsibilities. (Completed **Attachment 5**).

4.b Describe the plan for recruitment and outreach of participants/clients.

4.c Describe any anticipated barriers to participation and/or completion and your plans to overcome those barriers.

4.d Describe any training that will be needed for existing and/or new staff.

4.e How and when will this training be delivered?

4.f Develop a set of process objectives that will be used to measure the effectiveness of the implementation (e.g. number of participants attending/completing, participant satisfaction, adequacy of resources, timely completion of activities. Additional examples of process objectives may be given).

5. PROGRAMMATIC EVALUATION PLAN: ***(not to exceed three (3) pages, not including Attachments)***

This module is designed to answer questions about whether or not the program is working and what can be done to make the program more effective. The evaluation should be directly connected to both the process objectives included in the Implementation Plan module and the outcome objectives stated in the second module, Goals and Outcome Objectives. The process/formative evaluation should measure program fidelity by assessing which activities were implemented and the quality, strengths and weaknesses of the implementation. The outcomes/substantive evaluation should determine the extent to which the program has accomplished the stated goals and outcome objectives.

Process Evaluation

The Contractor must be able to fully participate in web-based reporting. This includes but is not limited to: access to a computer, internet capability and e-mail. All data collected will be entered into the web-based system in a timely manner. For each calendar year, all programs must sign a Memorandum of Understanding and Rules of Behavior documents with ADHS in accordance with CDC data management requirements. The Contractor will have an evaluation plan, perform evaluation activities, and submit quarterly evaluation updates as well as a comprehensive end-of-year report.

5.a Who will have overall responsibility for the process and outcome evaluations?

5.b What resources (e.g. personnel, supplies etc.) will be needed to evaluate the program? The funds dedicated to evaluation shall be reflected in the budget. Provide copies (if applicable) of consultant sub-contracts including resumes and description of past work.

5.c How will each process objective be measured (e.g. attendance sheets, adequacy of materials and resources, participant satisfaction surveys)?

5.d Describe data security systems that will be in place.

Outcomes Evaluation

5.g The outcomes evaluation design/methodology must include a valid, reliable assessment tool. Include a sample of the evaluation tool(s).

5.h Describe the plan for evaluating the outcome objectives including timelines for collecting and analyzing data? Who will have overall responsibility for the outcomes evaluation? Provide copies of consultant sub-contracts including resumes and description of past work, if applicable.

5.i What data will be used? How will this data be collected and who will collect it? How will this data be organized once it has been collected? What procedures will be put in place to assure the quality of the data (e.g. training for data collectors, data collection forms, timeliness in administering tools)?

5.j How will this data be analyzed?

5.k Describe how the results of your outcome evaluation will be used to continuously improve the quality of the program throughout the duration of this grant.

6. RESOURCES AND BUDGET: ***(not to exceed four (4) pages)***

6.a Complete **Attachment 7 – Budget Worksheet.** PLEASE USE THIS FORMAT. List all resources that will be needed to implement the strategies/approaches. These resources may be financial as well as involve curriculum, supplies, space, and equipment. Provide a narrative justification for each expense category. Explain where these resources will be obtained including existing resources, other grants, donations and contributions, both financial and in-kind. (See **Attachment 6** – Budget Development Guidelines).

6.b Complete Price Sheet/Fee Schedule – Page 19. Provide budgetary categories that will be used in accordance with the Budget Development Guidelines and Worksheet.

7. State Provided Items:

a. List of ADHS Approved Programs
b. ADHS forms that may be necessary for program

8. Approval:

The Quarterly Contractor Expenditure Reports shall be approved by ADHS prior to reimbursement (See **Exhibit 3**, Contractor Expenditure Report)

9. DELIVERABLES:

The Contractor shall submit:

a. The name, phone numbers and resumes of the Key Personnel, if replaced.
b. A monthly report of program activity due 15 days following the month of service.
c. A Quarterly Contractors Expenditure Report due 15 days following each month of service.

10. NOTICES, CORRESPONDENCE, REPORTS AND INVOICES:

a. Notice, Correspondences, Reports and Invoices <u>from the Grantee to the ADHS</u> shall be sent to:

Office of HIV/AIDS
HIV Prevention Program Manager
Arizona Department of Health Services
150 North 18th Avenue, Suite 320
Phoenix, Arizona 85007
Phone No.: (602) 364-3602
Fax No.: (602) 364-3268
Email: donnerk@azdhs.gov

b. Notice, Correspondences and Report <u>from the ADHS to the Grantee</u> shall be sent to:

Organization: _____

Attention: _____

Street Address: _____

City, State and ZIP Code: _____

Telephone: _____

Email: _____

c. Payments from ADHS to the Grantee shall be sent to:

Organization: _____

Attention: _____

Street Address: _____

City, State and ZIP Code: _____

PRICE SHEET / FEE SCHEDULE
RFGA NO. AGR2007-26

COST REIMBURSEMENT LINE ITEMS	AMOUNT
PERSONNEL	$
ERE	$
PROFESSIONAL/OUTSIDE SERVICES	$
TRAVEL EXPENSES	$
OPERATING EXPENSES	$
CAPITAL OUTLAY EXPENSES	$
OTHER EXPENSES	$
TOTAL	$

Applicant to enter amount requested from the Budget Development Guidelines and Form in the appropriate spaces above.

Note: With the ADHS Program Manager approval, the Awardee is authorized to transfer among line items up to 10% of the total budget amount as shown on the Price Sheet/Fee Schedule. Any proposed transfer of funds among line items that exceeds 10% of the budget amount shall require an amendment to the grant. Transfer of funds from a funded line to a non-funded line is not allowed.

ATTACHMENT NO.: 1

ARIZONA PROGRAM DESIGN AND EVALUATION LOGIC MODEL

RFGA NO. AGR2007-26

LINK

Needs/Resources	Goals & Objectives	Strategies/Approaches	Implementation Plan	Evaluation
Are strategies/ approaches meeting the needs?	**Are short and long term outcomes tied to the evaluation?**	**Are the strategies/ approaches addressing the outcome objectives?**	**Are the strategies/ approaches being implemented as written?**	**Is there ongoing assessment and quality improvement?**

CONTINUOUS FEEDBACK LOOP

ATTACHMENT NO.: 2
APPLICANT'S PAST HIV OR OTHER RELATIVE EXPERIENCE
RFGA NO. AGR2007-26

Applicant shall submit three (3) completed and signed forms as part of its Application.

Applicants are required to submit information about PAST experience to verify program performance using this form. Insert the information as requested. Responses shall include the details of at least three individual contracts for HIV or other relevant services related to those described in this RFGA.

Reference Contract Title:_____

Contract Term / Dates of Work _____ through _____ Geographic Area Served _____

Target Population Served: _____

Narrative (Shall include the results (outcomes achieved, objectives met) of past experiences of each contract and the NUMBER of past contracts the Applicant has had with experience similar to those described in this RFGA):

Reference Company: _____

Contact Name and Title: _____

Telephone: _____ Address: _____ City/State/ZIP: _____

ATTACHMENT NO.: 3
KEY PERSONNEL
RFGA NO. AGR2007-26

INSTRUCTIONS:
List all key personnel by name, position and/or title, responsibilities and percent of time assigned to this Grant.

Name	Position/Title	Responsibilities	% Time Assigned to Grant

Note: *Applicant shall attach a resume for each of the key personnel proposed.*

ATTACHMENT NO.: 4
LIST OF OTHER FUNDING SOURCES
RFGA NO. AGR2007-26

Please list all other funding that your organization currently receives from State or Public Agencies, Federal Agencies, Non-Profit Organizations, or any other source that may be utilized to also support the proposed project**.** Also list all funding received by your agency that is utilized to provide related educational services. **Use a continuation sheet if necessary.**

Type of Funding (Federal, State, Local, Other)	Received From	Amount	Term of Funding (Effective Date/Ending Date)
TOTAL:			

ATTACHMENT NO.: 5
IMPLEMENTATION PLAN
RFGA NO. AGR2007-26

The following is provided as an EXAMPLE ONLY

TASK	PERSON RESPONSIBLE	VERIFICATION	START DATE	END DATE
Hire Program Staff	Project Coordinator	Signed Letter of Employment	January 1, 2007	March 30, 2007
Develop Program Materials	Staff	Program Materials	January 1, 2007	June 30, 2007
Recruit Participants for Seminars	Outreach Coordinator	Attendance Rosters	July 1, 2007	June 30, 2009

ATTACHMENT NO.: 6
BUDGET DEVELOPMENT GUIDELINES
RFGA NO. AGR2007-26

Specific types of Provider costs are to be grouped into six budget categories. Within the total cost for each budget category, a series of line item costs are to be identified. All budgeted amounts are to be rounded to the nearest dollar in each line item and budget category. It is essential that category costs be comprised of the same item costs as specified in these Guidelines.

1. PERSONNEL SERVICES

a. Compensation for personnel services is an allowable expense for Provider employees whose work is necessary for the provision of contract services.

b. Salaries to be charged to the service must relate directly to work on the service. Salaries of employees involved in work on non-contract services must be properly apportioned and later supported by appropriate time distribution records or any other acceptable method.

c. Benefits such as vacation, sick and administrative leave, holidays and routine training participation time are to be included in the amount budgeted for an employee's salary. In addition, any salary increases due an employee during the contract period must be included in the budgeted salary costs.

2. EMPLOYEE RELATED EXPENSES (ERE)

a. Employee related expenses (fringe benefits) are allowances and services offered by the Provider agency to its employees as compensation in addition to regular salaries. Fringe benefits must be applied only to that portion of an employee's salary or wages attributable to the service. Fringe benefits budgeted in the contract must be earned during the contract period. Benefits accrued prior to the contract, but not yet paid out, are not expenses allowed by the Department.

b. Fringe benefits include, but are not limited to Social Security (FICA), Unemployment Insurance, Worker's Compensation, health and life insurance, and retirement. The portion of the cost of these benefits paid by the employee is not an expense of the Provider agency. The employer's cost of these benefits is an eligible Provider agency expense.

3. PROFESSIONAL AND OUTSIDE SERVICES

a. Professional and consultant services, rendered by individuals or organizations, are allowable expenses if the services are directly related and essential to the contract service(s). The normal types of professional or outside services which may be placed in this budget category are those which relate to the legal, accounting, management, training/education, medical, social service and psychological professions.

b. A written specification, of each of the consultant services to be performed, is to be available for the purpose of budget estimating and subsequent audits. The specifications normally will include estimates by item, all consultant costs such as travel, supplies, meetings or any directly related costs of the consultant. Professional and Outside services are frequently purchased on an hourly basis. It is, therefore, recommended that such services be budgeted on a per hour billing basis.

4. TRAVEL

a. Travel will include the cost of transporting staff and clients during the provision of contract services. The following allowable travel costs are included within this category:

i. Staff-owned vehicles: mileage reimbursement;
ii. Provider agency-owned vehicles: operating expenses and depreciation;
iii. Sub-contracted travel services;
iv. Rented vehicles;
v. Government motor pool vehicles;
vi. Public transportation; and
vii. Per diem.

b. Staff-Owned Vehicles

i. The travel cost of a vehicle owned by a Provider employee should be budgeted no greater than the offerors designated mileage reimbursement rate. In public Provider agencies, the mileage rate is determined by the branch of government with which the Provider agency is affiliated. Public Provider agencies may budget up to the maximum rate allowable in their city, county or municipality. The actual cost of tolls and parking fees may be budgeted for employees using their vehicles for contract services.

c. Provider Agency-Owned Vehicles

i. Travel costs for vehicles owned by a Provider agency must be budgeted on an actual cost method. Actual costs will include fuel, maintenance and repair, insurance, registration fees, tolls, parking fees and depreciation.

ii. There are two methods to budget motor vehicles with regard to acquisition cost:

iii. The vehicle may be purchased with Provider agency funds. The cost will be depreciated over the useful life of the vehicle. The current year depreciation expense is listed in the Travel Category of the Service Budget.

iv. The agency may budget the entire acquisition cost as a first year expense under the Equipment Category.

d. Rented Vehicles

If either a public or private Provider agency is renting vehicles from a private rental agency, the actual rental cost plus fuel (unless fuel is included in the rental cost) should be used to budget the cost. Rental costs will be considered reasonable depending on the type and degree of use and current fair market value of the model of vehicle. If a vehicle has been rented by the Provider until its acquisition cost has been reduced to below $5,000, it may be purchased and budgeted as a current cost.

e. Motor Pool Vehicles

Provider agencies using vehicles supplied by a county or municipal motor pool may budget for travel by using the rate fixed by the motor pool.

f. Public Transportation

In cases in which public transportation is used for authorized travel by employees or clients of the Provider, the actual cost of fares required should be estimated. Fare or any other expenses for staff members to commute to and from work are not an allowable cost.

g. Per Diem

While Providers are encouraged to minimize the overnight travel costs, certain contract services may require occasional overnight travel on the part of employees. In such cases, per diem expenses should be budgeted no greater than the offerors designated per diem reimbursement rate. For public Provider agencies, the per diem rate is determined by the branch of government with which the Provider is affiliated. Public Provider agencies may budget up to the maximum rate allowable in their city, county or municipality.

5. OTHER OPERATING

a. Other Operating costs include materials and supplies, space and occupancy and general operating services. Costs related to space needed for the delivery of contract services are allowable expenses. Space costs include the expense of a facility and other expenses directly related to the operation of the facility. Space Costs, however, do not include the purchase or major modification of land or facilities.

b. The costs of materials and supplies, necessary for the delivery of contract services, are allowable budgeted expenses. Such costs should be calculated by deducting from the purchase price, all cash and trade discounts, rebates, and allowances to be received by the Provider agency.

c. Program Supplies

Program supplies include consumable supplies used directly in the provision of contract services.

i. Materials

(1) Materials are consumable supplies used directly by the clients in the provision of contract services. Material supplies will include but need not be limited to:

(2) Arts and Crafts;
(3) Housekeeping Goods (dishes, linens, etc.);
(4) Client Activities Costs;
(5) Toys; and
(6) Literature.

ii. Medical Items

(1) Medical care is an allowable cost if it is necessary to achieve the objective of the contract services.

(2) Professional Medical Services: The cost of medical professionals is an allowable expense. However, the cost should normally appear in the Personnel or Professional and Outside Services Category contingent upon the terms of the agreement between the Provider agency and the medical professional(s).

(3) Pharmaceuticals: Pharmaceuticals should be budgeted on an actual cost basis.

(4) Medical Supplies: Medical supplies should be budgeted on an actual cost basis.

d. Office Supplies

i. General Office Supplies
Office supplies are consumable supplies necessary to efficient administrative and service operations of the service program. The cost of this item may be budgeted by using a reasonable base cost per employee for the contract term multiplied by the total number of employees needing office supplies. Justification of the base cost must be available upon request.

ii. Equipment

Any piece of equipment with an acquisition cost of up to $4,999. 99 will be budgeted under the Other Operating Category. Budgeting of such pieces of equipment will be done on an actual cost basis. All Pieces of equipment with an acquisition cost of $5,000 or more should be budgeted under the Capital Outlay Category.

iii. Postage

Postage may be budgeted by applying a monthly base to the total number of months in the contract. When applicable, Provider agencies should apply for and utilize special bulk mail rates.

iv. Reproduction and Printing

The cost of printing and reproduction services, necessary for the performance of the contract, including but not limited to forms, reports, manuals and informational literature is allowable. However, if a cost for the rental of a photocopier has been budgeted, care must be taken to avoid duplication of costs. When budgeting for reproduction and printing services, enter a reasonable estimate of actual costs.

e. Maintenance of Space

This item includes costs necessary for the upkeep of the Provider's facilities which neither add to the permanent value of these facilities nor appreciably prolong their intended life, but keep them in an efficient operating condition. This includes estimates of the actual costs of material needed for the maintenance and repair of the Provider's facilities or for sub-contracted maintenance services.

f. General Operating

i. Central Services: Service costs such as administrative, data processing, payroll, supply and duplicating facilities on which the expense can be calculated and segregated as a direct cost are to be entered in this item. Support these budgeted expenses by indicating the basis of the cost.

ii. Communication: Telephone and answering service costs, as well as telephone directory listings, which assist the client to identify and contact the Provider agency for contract services, will be permitted.

iii. Bonding: Premiums for bonding costs will arise when there is a need to protect the provider agency and government against financial loss. Bonding practices beyond those which the Provider agency should normally use as good business practice will not be required. The most common bonding classification is that of a fidelity bond sufficient to cover the potential loss of accessible funds.

iv. Advertising: To acquire quality goods or services at a low cost; to recruit potential employee; or to inform the public of the availability of services.

v. Training: Provider agency employees are eligible for training directly related to the contract services. The necessary and appropriate expense related to training activities is to be included in this line item. The basis for this budgeted expense must be documented is the Proposal Itemized Service Budget, and a detailed description of the training activities must be rendered in the Program/Administration Section.

vi. Trade, Business, Technical and Professional Activities: A series of costs may be encountered which assist in providing reference background, updating employees' knowledge and maintaining liaison or contact with similar activities. Expenses in this line item will be allowable when the costs are proven to be of direct benefit to the contract services. The following types of costs may be part of this item's budget expense:
(1) Library - purchases and fees;
(2) Subscriptions - professional literature;
(3) Membership - dues; and
(4) Professional activities, clubs and meetings.

vii. General Liability Insurance: Insurance costs are those insurance costs which the Provider is required to carry, or which are approved under the terms of the contract and any other insurance which the Provider maintains in connection with the general conduct of its business (excluding insurance on the building and contents which should be listed as a line item under Other Space Costs in the Space Category). The

Provider can ascertain from the Department what types and amount of insurance coverage should be purchased.

6. CAPITAL OUTLAY (EQUIPMENT)

a. The cost of equipment essential to the delivery of contract services and the maintenance of that equipment is allowable as a budgeted expense. Equipment which materially increases the value or useful life of a facility is unallowable.

b. The Equipment Category, which includes office and program equipment, has been subdivided into two sections: (1) Equipment Costs, and (2) Equipment Maintenance Costs. (Provider agencies should note that vehicle operating expenses are to be budgeted within the Travel Category.)

c. Capital Equipment Costs

Capital equipment costs may be budgeted through one of the following four methods:

(1) Purchase;
(2) Rental/Lease;
(3) Depreciation; and
(4) Use Allowance.

d. Equipment Maintenance Costs

i. To keep equipment at an efficient operating level, various maintenance services may be necessary.

ii. Maintenance services provided by vendors either under a services subcontract or as random repairs will be budgeted under this sections. Care must be used that costs of maintenance services call do not duplicate maintenance fees provided for in rental agreements. Maintenance costs must be calculated in proportion to the use of the item by the Provider agency in the delivery of contract services.

7. OTHER

a. Indirect costs - Indirect costs are those incurred for a common or joint purpose benefiting more than one cost objective or activity and not readily assignable to the cost objectives specifically benefited, without effort disproportionate to the results achieved.

ATTACHMENT NO.: 7
BUDGET WORKSHEET
RFGA NO. AGR2007-26

1. Personnel (use additional pages, if necessary) FTE %	Position/Title	Name of Employee		Total Salary for % Allocated
				$
TOTAL				$
2. Employee Related Expenses Item		Basis		
FICA				$
Unemployment Insurance				$
Worker's Compensation				$
Retirement				$
Life Insurance				$
Health Insurance				
			TOTAL	$
3. Professional and Outside Services Item		Basis		
				$
			TOTAL	$
4. Travel Expenses Item		Basis		
				$
			TOTAL	$
5. Other Operating Item		Basis		
				$
			TOTAL	$
6. Capital Outlay Expenses Item		Basis		
				$
			TOTAL	$
7. Other Item		Basis		
				$
			TOTAL	$
			GRAND TOTAL	**$**

ATTACHMENT NO.: 8
APPLICANT'S CHECKLIST
RFGA NO. AGR2007-26

***Instructions**: Applicants must submit the items listed below. In the column titled "Applicant's Page Number", the Applicant must enter the appropriate page number(s) from its Application where the ADHS evaluators may find the Applicant's response to that requirement.*

Required Item	RFGA Reference	Applicant's Application Page No.
1. 1 Original and 5 Copies of Application Package	Page 9, Number 3	
2. Application and Award Form Signed	Page 3	
3. Terms and Conditions	Page 11-13	
4. Executive Summary	Page 9, 3d	
5. Tasks – Methodologies	Page 14-16, Tasks 1-5	
5.1 Needs & Resources	Page 14, Task 1	
5.2 Goals and Outcome Objectives	Page 14 & 15, Task 2	
5.3 Strategies/Approaches	Page 15, Task 3	
5.4 Implementation Plan/Organizational Capacity	Page15 & 16, Task 4	
5.5 Programmatic Evaluation Plan	Page 16, Task 5	
5.6 Resources and Budget	Page 17, Task 6	
6. Contact Information	Page 17 & 18, Item 10 b & c	
7. Price Sheet/Fee Schedule	Page 19	
8. Attachments 1 through 8	Pages 20 – 31	
9. Applicant's Checklist (Attachment 8)	Page 31	

EXHIBIT 1
ADHS INTERVENTIONS
RFGA NO. AGR2007-26

Programs shall:

- Focus services on those individuals at most risk of transmitting or acquiring HIV infection
- Be based on scientific theory, have identified core elements, and is adapted to the proposed population and setting
- Be directed by written procedures or protocols
- Have quality assurance and evaluation procedures in place

The Centers for Disease Control and Prevention have identified programs that are judged to be effective with specific populations. Applicants may choose any of these population/interventions that are appropriate for implementation under this solicitation. Interventions are not limited to these.

Grantees must utilize methods that are appropriate for the demographics and particular characteristics of their community to achieve program outcomes. Within the framework of the HIV prevention program is the flexibility for contractors to implement the program in a manner that "fits" their community. The program works to assure that differences in culture and values are respected among communities throughout the state.

Criteria that will be utilized to evaluate program and chosen intervention include: 1) justification for selecting intervention, 2) consistency with the Diffusion of Effective Interventions publications of the Centers for Disease Control and 3) use of medically accurate information and data in accordance with current public health practices.

Interventions:

In 1999, the Centers for Disease Control and Prevention (CDC) published a compendium of HIV Prevention Interventions with evidence of effectiveness, in response to prevention service providers requesting science-based interventions that work. Transfer of technologies related to effective HIV prevention interventions is a critical part of building capacity among organizations that implement prevention programs for populations at Risk of HIV. The Divisions of HIV/AIDS Prevention (DHAP), Capacity Building Branch is committed to enhancing the capacity of individuals, organizations, and communities to conduct more effective and efficient HIV prevention services. Training and technical assistance (TA) are provided to ensure sustainability of these effective intervention programs.

Diffusion of Effective Behavioral Interventions Project

Under the guidance of CDC/DHAP, the Academy for Educational Development's Center on AIDS & Community Health coordinates the Diffusion of Effective Behavioral Interventions (DEBI) project, a national-level strategy to provide training and on-going TA on selected evidence-based HIV/STD interventions to state and community HIV/STD program staff. In addition, staff of CDC/DHAP Capacity Building Branch, HIV/STD Prevention Training Centers, health departments, and Capacity Building Assistance providers will offer training and TA for the interventions.

EXHIBIT 1
ADHS INTERVENTIONS
RFGA NO. AGR2007-26

Brief Description of Interventions

Community PROMISE is a community-level HIV prevention intervention that relies on peer advocates to distribute role model stories of positive behavior change to members of the target population. The intervention is based on Stages of Change and other behavioral theories, and can be implemented with various populations including IDUs, MSM, sex workers, and partners of high risk individuals.

Healthy Relationships is a five-session, small-group intervention for men and women living with HIV/AIDS. It is based on Social Cognitive Theory and focuses on developing skills and building selfefficacy and positive expectations about new behaviors through modeling behaviors and practicing new skills.

Holistic Health Recovery Program (HHRP) is a 12-session, manual-guided, group-level intervention for HIV positive and HIV negative injection drug users. The intervention is based on the Information, Motivation, Behavior (IMB) model of behavior change to promote health, and improve quality of life.

Many Men, Many Voices (3MV) is a seven-session, group-level STD/HIV prevention intervention for gay men of color. The intervention addresses behavioral influencing factors specific to gay men of color, including cultural/social norms, sexual relationship dynamics, and the social influences of racism and homophobia.
Mpowerment is a community-level intervention for young men who have sex with men. The intervention combines informal and formal outreach, discussion groups, creation of safe spaces, social opportunities, and social marketing to reach a broad range of young gay men with HIV prevention, safer sex, and risk reduction messages.

Popular Opinion Leader (POL) is a community-level HIV prevention intervention designed to identify, enlist, and train opinion leaders to encourage safer sexual norms and behaviors within their social networks of friends and acquaintances through risk reduction conversations.

Real AIDS Prevention Project (RAPP) is a community mobilization program designed to reduce risk for HIV and unintended pregnancies among women in communities at high risk by increasing condom use. This intervention relies on peer-led outreach activities, including: stage based encounters, role model stories and brochures, community networking, referrals, safer sex discussions and condom distribution.
RAPP is based on the transtheoretical model of behavior change.

Safety Counts is a client-centered intervention for users of illicit drugs that aims to reduce risk of becoming infected with or transmitting HIV and hepatitis viruses. The intervention is a behaviorally focused, seven-session intervention, including both structured and unstructured activities in group and individual settings over four to six months. The intervention can be implemented with both HIV-negative and HIV-positive clients.

SISTA is a group-level, gender and culturally relevant intervention, designed to increase condom use among heterosexually active African American women. Five peer-led group sessions are conducted that focus on ethnic and gender pride, HIV knowledge, coping, and skills training around sexual risk reduction behaviors and decision making. The intervention is based on Social Learning theory as well as the theory of Gender and Power.

Street Smart is a multi-session, skills-building program to help runaway and homeless youth practice safer sexual behaviors and reduce substance use. Sessions address improving youths' social skills, assertiveness and coping through exercises on problem solving, identifying triggers, and reducing harmful behaviors. Agency staff also provide individual counseling and trips to community health providers.

EXHIBIT 1
ADHS INTERVENTIONS
RFGA NO. AGR2007-26

Together Learning Choices (TLC) is a group-level intervention based on cognitive-behavioral strategies to change behavior for young people living with HIV. This program helps young people living with HIV identify ways to increase use of health care, decrease risky sexual behavior and drug and alcohol use, and improve quality of life. It emphasizes how contextual factors influence ability to respond effectively to stressful situations, solve problems, and act effectively to reach goals.

VOICES/VOCES is a group-level, single-session video-based intervention designed to increase condom use among heterosexual African American and Latino men and women who visit STD clinics. Participants, grouped by gender and ethnicity, view an English or Spanish video on HIV risk behaviors and condom negotiation, take part in a facilitated discussion on barriers to and negotiation of condom use, and receive samples of condoms.

PROVISIONAL PROCEDURAL GUIDANCE FOR COMMUNITY-BASED ORGANIZATIONS

REVISED APRIL 2006

ABOUT THE PROCEDURAL GUIDANCE

From the beginning of the HIV/AIDS epidemic, the Centers for Disease Control and Prevention (CDC) has worked with its partners to help stop the spread of HIV. Staff members have worked tirelessly on national, state, and local levels and have had much success. Today, HIV treatments can help improve the lives of those with the disease, and more information is available on how to help prevent the spread of HIV.

The number of new HIV diagnoses went down until the 1990s. Since then, the number has stayed at about 40,000 each year. Data from 33 states from 2001 through 2004 show that overall, except among men who have sex with men, the number of new HIV diagnoses is remaining stable. However, studies show that some people are putting themselves and others at risk by not taking steps to reduce their risk of getting HIV. In 2000 and 2001, the number of cases of syphilis went up, after 10 years of fewer cases.

In April 2003, CDC launched Advancing HIV Prevention: New Strategies for a Changing Epidemic (AHP). AHP supports HIV prevention work being done now, but also brings new tools (such as rapid HIV testing) and methods to meet the needs of persons living with HIV. The goals of AHP are to increase the number of persons living with HIV who know that they are infected and to give them and persons at high risk for HIV infection the best tools we have for staying healthy and reducing the chance of giving HIV to others or getting the disease.

AHP is designed to
• increase early diagnosis
• improve referral to prevention services, medical care, and treatment
• put programs in place to help persons living with HIV

The interventions and strategies in this guide give you information on programs that can help your community-based organization (CBO) provide services under the recommendations of AHP.

Why Was the Guidance Written?

The Procedural Guidance (the Guidance) gives information to help Community Based Organizations (CBO's) come up with a plan for delivering interventions.

It will help you design prevention programs and recruitment strategies to promote counseling and testing, health education and risk reduction, and other prevention services; counseling, testing, and referral strategies; and interventions to help prevent the spread of HIV to meet the needs of persons living with HIV, their partners, and other persons who are not HIV infected but are at very high risk for HIV.

The Guidance does not give all of the information you would need to design, deliver, and monitor the interventions. CDC will help you with more training and technical assistance. Information about the interventions is available at www.effectiveinterventions.org. Other information is being developed. If your CBO cannot handle an intervention by itself, you can ask another CBO to partner with you.

EXHIBIT 2
PROVISIONAL PROCEDURAL GUIDANCE FOR COMMUNITY-BASED ORGANIZATIONS
RFGA NO. AGR2007-26

The Guidance and intervention kits produced by the Replicating Effective Programs (REP) project and distributed by the Diffusion of Effective Behavioral Interventions (DEBI) project are the best science we have today to improve HIV prevention efforts.

REP helps make HIV prevention interventions that have been shown to work more accessible. They use everyday language and are packaged in a user-friendly way.

DEBI is CDC's national project that provides training and technical assistance for health departments and CBO staff who are conducting evidence-based interventions to prevent HIV, viral hepatitis, and sexually transmitted diseases.

How is the Guidance Organized?

Each intervention is organized under the following subheadings:
- Description
- Core Elements, Key Characteristics, and Procedures
- Adapting
- Resource Requirements
- Recruitment
- Policies and Standards
- Quality Assurance
- Monitoring and Evaluation
- Key Articles and Resources
- References

MAKING THE INTERVENTIONS WORK FOR YOUR CBO (ADAPTING)

When HIV was first identified, ways in which the disease was spread were also identified. Since that time, much effort has been made to develop interventions to prevent others from getting the disease. These efforts led to the development of a number of evidence-based interventions for persons who do not have HIV or whose HIV serostatus is unknown. Interventions are now offered for a variety of populations and settings. Because of this, more persons who have HIV are receiving their diagnosis earlier in their infection. As a result of better treatments, these persons are living longer and healthier lives. This has increased the prevention needs of persons living with HIV and the attention given to these needs. A number of interventions that have been shown to work are available to address the strategies of AHP; others are being tested.

The interventions in the Guidance are based on theories of behavior change that can be applied to many behaviors and populations. Because of this, interventions can be adapted to meet the specific needs of groups that were not part of the studies done so far. Adapting these interventions will show success if changes made are based on the known needs and special conditions of the population with whom the work is to be done. When adapting, you can modify key characteristics (**but not core elements**) to meet the needs of your CBO or target population. Core elements and key characteristics are explained for each intervention.

About formative evaluation

Before adapting an intervention, you must first do what is called formative evaluation. This type of evaluation will help you know more about the group you are trying to reach, their culture, risk behaviors, and other factors that put them at risk for HIV infection.

EXHIBIT 2
PROVISIONAL PROCEDURAL GUIDANCE FOR COMMUNITY-BASED ORGANIZATIONS
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Following the steps of a formative evaluation can help you find answers to questions about which population is most appropriate for the intervention, what location is best for the intervention, what message(s) you need to be giving, and how best to deliver the messages and time your intervention to have the best chance of reaching the target population. You must find out whether risk determinants that were used in an intervention that has been shown to work apply to your new target population.

> **Example:** The SISTA intervention has shown that African American women must have open discussion with their male sex partners to get these partners to use condoms. To use SISTA to reach Hispanic women, you would have to assess whether this type of discussion with male sex partners makes sense in this population.

Steps of formative evaluation

1. Interview community gatekeepers and stakeholders.

a. Determine whether an intervention can be done successfully in the group you are trying to reach by talking with the community gatekeepers and stakeholders.

Example: For Popular Opinion Leader (POL), an intervention with men who have sex with men, you might interview owners of gay bars to be sure that they agree with the intervention, will allow the intervention to take place in their bars, and will support their employees in helping to identify opinion leaders.

Example: For SISTA, you might need to interview the managers and guards of county and city jails to make sure that they are comfortable with the intervention being done in their facility.

b. Check to be sure they believe the service is needed.

Example: For Safety Counts, community leaders and those who have an interest in the program may ask, "We already have street outreach. Why do we need another intervention in our community for drug users?" Your staff could then explain, "Safety Counts is an intervention that works with injection drug and cocaine users to get them into prevention counseling, rapid testing, partner services, individual- and group-level interventions, medical services, and support-focused social events. Safety Counts is a specific outreach method with specific goals and is a new type of outreach and may not have been done before in your community."

2. Conduct focus groups to learn what issues are most important to members of your new target population and their community. If what you find is similar to what was found in the original evidence-based intervention, then the intervention may be the one to choose for adapting. The focus groups must also discuss all the core elements of the original evidence-based intervention. Several focus groups may be needed in order to look at each core element.

Example: MPowerment, an intervention for young gay men, has 9 core elements, of which 5 are listed below and could be explored using focus groups.

- Recruit and maintain a core group of 12 to 20 young gay and bisexual men to design and carry out project activities.
- Conduct formal outreach, including educational activities and social events.
- Conduct informal outreach to influence behavior change.

- Convene peer-led, 1-time discussion groups (M-groups).
- Conduct a publicity campaign about the project within the community.

Focus groups should find out whether each of the core elements of the evidence-based program is doable and appropriate for the new target population and settings.

3. **Develop a logic model,** a plan (often shown in a flow chart or table) that shows a sequence of activities that will be used to address a problem statement. These activities are then linked to measurable outcomes that show reduced HIV risk.

   Your logic model should fully describe the core elements of an intervention or strategy and how these activities work together to help prevent HIV. All intervention activities, based on the core elements of the intervention, should address the problem statement and be linked to clearly stated and planned results of the activities.

   Your logic model also needs information for each of the core elements of the intervention. This means that you need to find all of the resources you need to do an evidence-based intervention. Resources include:

   - Enough people involved (employees, managers, and volunteers)
   - Supplies
   - Costs for site to be used
   - Travel costs
   - Incentives
   - Ability to develop materials

   When putting together your logic model, look at the changes in behavior that happened as a result of the original research done on the intervention. Be sure that the activities in your adapted program are designed to get the same or better results.

   Example: Street Smart was able to get more homeless and runaway adolescents to use condoms after 8 intervention sessions. To get similar outcomes in an adapted program, you must be willing and able to provide a similar number of sessions (8 sessions) to your new target population.

4. **Pretest intervention materials** with a Community Advisory Board. Pretesting ensures that the materials are right for the population and meet the needs of the population. Explore things such as

   - reading level of the target population
   - community values and norms
   - attractiveness of materials
   - whether the messages and instructions are understood and can be remembered by the new target audience

5. **Pilot test** to check how the intervention works in a small subgroup of the population you will serve. Pilot testing shows the usefulness of the adapted intervention.

   Individual- or group-level interventions can be divided into small pilot tests of each core element. Later, the entire intervention, including all core elements, can be pilot tested.

   Example: For SISTA, 1 group-level session addresses gender and ethnic pride for African American women. To adapt the intervention for Hispanic women, you will need to test this session with a group of Hispanic women before carrying out the intervention on a larger scale.

Community-level interventions are hard to pilot test as a full intervention; however, core elements can be pilot tested.

> **Example:** For Community PROMISE, peer advocates hand out role model stories to members of the target audience. Before having all of these stories handed out in the community, you may want to pilot test them by having a small group of peer advocates hand out just 1 role model story. This will help you find out how best to do this activity on a larger scale.

Choosing an appropriate population is the first step to adapting an intervention. After that, messages and strategies can be changed to help persons change behaviors that put them at risk. Also**,** the setting for the intervention needs to be chosen. This will help you know how to deliver the intervention.

> **Example:** The Popular Opinion Leader intervention was first designed to reach gay men in bars. This intervention was changed successfully for use with African American women in an urban housing project.

> **Example:** VOICES/VOCES was first tested in sexually transmitted disease clinics but has been found to also work with persons in drug treatment settings.

ENSURING CULTURAL COMPETENCE

Individuals and groups can differ in ethnicity, gender, age, sexual orientation, and language. Their experiences may cause cultural variations that support these differences. It is important to look at the meaning of cultural variations when setting up and delivering your programs and services. Having an intervention delivered by a member of the target population does not mean it will be appropriate or successful. Reaching a population means understanding the culture of the population. Cultural competency is important for your intervention to be successful.

To make your intervention successful, you need to know the health needs of the persons you are trying to reach, as well as their cultural experience. This is a first step to a culturally competent program.

In 2001, the Office of Minority Health (OMH) in the Department of Health and Human Services published national standards for delivering services that reflect a group's culture and language. This is referred to as culturally and linguistically appropriate services (CLAS).

To be culturally competent, a person must

- value the differences between persons and groups
- understand any negative feelings against a group
- be aware of what happens when different cultures come together
- make the knowledge of a culture a part of oneself
- make changes as necessary guided by what is needed to reach diverse groups.

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The Office of Minority Health began by defining cultural competence as follows:

A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. ***Culture*** refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. ***Competence*** implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

Office of Minority Health Standards for Measuring Cultural and Linguistic Competency

- Ensure that clients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural beliefs and practices and preferred language.

- Implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

- Ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically *appropriate* service delivery.

- Offer and provide language assistance services, including bilingual staff and interpreters, at no cost to each client/consumer with limited English proficiency at all points of contact in a timely manner during all hours of operation.

- Provide to clients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

- Ensure the competence of language assistance provided to limited English proficient clients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the client/consumer).

- Make available easily understood, client-related materials, and post signage in the languages of the commonly encountered groups and/or groups represented within the service area.

- Develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically *appropriate* services.

- Conduct initial and ongoing organizational self-assessments of CLAS-related activities. [Organizations] are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

- Ensure that data on the individual client's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

- Maintain a current demographic cultural and epidemiologic profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic

characteristics of the service area (the HIV prevention community plan and other sources of relevant information).

- Develop participatory, collaborative partnerships with communities, and utilize a variety of formal and informal mechanisms to facilitate community and client/consumer involvement in designing and implementing CLAS-related activities.

- Ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by clients/consumers.

- Regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards, and provide public notice in (the organization's) communities about the availability of this information.

KEY ARTICLES AND RESOURCES

CDC. Advancing HIV prevention: new strategies for a changing epidemic. MMWR. 2003;52:329–332. Also available at: http://www.cdc.gov/hiv/partners/ahp.htm.

CDC. Diffusion of Effective Behavioral Interventions (DEBI) project. Available at: http://www.effectiveinterventions.org.

CDC. Replicating Effective Programs (REP) project. Available at: http://www.cdc.gov/hiv/projects/rep/default.htm.

US Department of Health and Human Services, Office of Minority Health. National standards for culturally and linguistically appropriate services in health care. Washington, DC: US Department of Health and Human Services; 2001. Available at: http://www.omhrc.gov/omh/programs/2pgprograms/finalreport.pdf.

US Department of Health and Human Services, Public Health Service, National Institutes of Health, National Cancer Institute, Office of Cancer Communications. Making health communication programs work: a planner's guide. Washington, DC: US Department of Health and Human Services; April 1992. NIH Publication No. 92-1493. Available at: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

EXHIBIT 3
CONTRACTOR'S EXPENDITURE REPORT INSTRUCTIONS
RFGA NO. AGR2007-26

Contractor's Expenditure and Requirement Report Instructions

This is a multi-purpose form for use by agencies who have a Negotiated Service Contract with the Arizona Department of Health Services. It should be filled out, signed by an authorized person and mailed to the Department not later than the 15th day of the month following the expenditure period or in accordance with the contract. Later submission will delay the allotment of contract funds for the following month.

1. Contract Number

2. Contractor's Name

3. Title of program

4. Reporting Period Covered: From _____ To _____

   A. Check appropriate box:

      ☐ Cost Reimbursement – Cumulative Actual expenditures from the beginning of the Contract Period.

      ☐ Fixed Price – reimbursement type contract.

   B. Check appropriate box.

5. Detailed statement of expenditures (Cost Reimbursement)

   ITEM a. Approved budget indicates the total budget for the current contract term. The Line Item Budget per the contract price sheet must be shown.

   ITEM b. Prior Report Period Year to Date Expenditures are taken from Column D (Total Year to Date Expenditures) of the CER for the prior reporting period.

   ITEM c. Current Reporting Period Expenditures are accumulated expenses incurred from the beginning of the Reporting Period Covered, broken down by line item.

   ITEM d. Total Year to Date Expenditures = Column B (Prior Report Period Year to Date Expenditures) plus Column C (Current Reporting Period Expenditures).

6. Detailed Statement of Fixed Price Contracts

   A. Type of Unit – From unit description/deliverable on price sheet.

      ITEM 1. Rate per Unit from contract price sheet.

      ITEM 2. Number of Units Provided for the current Reporting Period.

      ITEM 3. Item (1) times Item (2) = Total Funds Earned this Reporting Period.

      ITEM 4. Prior Report Period Year to Date Funds Earned are taken from Column 5 (Total Year to Date Funds Earned) of the CER for the prior reporting period.

      ITEM 5. Item (3) plus Item (4) = Total Year to Date Funds Earned.

7. Contractor Certification: it is the responsibility of the Chief Executive Officer of the reporting agency to insure valid representation of the agency's expenditures or units reported on Fixed Rate Contracts. Once satisfied, the Chief Executive Officer must sign and date the report. Only an original signature will be accepted.

CONTRACTOR'S EXPENTITURE REPORT

Arizona Department of Health Services
Accounting/Contracts
1740 W. Adams Street
Phoenix, Arizona 85007

Invoice #

CONTRACTOR'S EXPENDITURE REPORT
1. Contract Number _____ P.O. # _____
2. Contractor Name _____
3. Title of Program _____
4. Reporting Period Covered: From _____ To _____

4A. ☒ Cost Reimbursement - Cumulative Actual Expenditures
☐ Fixed Price
4B. ☐ Periodic Report
☐ FINAL REPORT

Contractor's Detailed Statement of Expenditures and Fixed Price

5. COST REIMBURSEMENT (Actual Expenditures) **A. Account Classification:**		Approved Budget (a)	Prior Report Period Year to Date Expenditures (b)	Current Reporting Period Expenditures (c)	Total Year to Date Expenditures (d)
Personal Services and ERE		$ -	$ -	$ -	$ -
Professional and Outside Services		$ -	$ -	$ -	$ -
Travel Expenses		$ -	$ -	$ -	$ -
Other Operating Expense		$ -	$ -	$ -	$ -
Capital Outlay Expense		$ -	$ -	$ -	$ -
Other		$ -	$ -	$ -	$ -
Total		$ -	$ -	$ -	$ -

6. FIXED PRICE **A. Type of Unit:**	Rate per Unit (1)	Number of Units Provided this Reporting Period (2)	Total Funds Earned this Reporting Period (3)	Prior Report Period Year to Date Funds Earned (4)	Total Year to Date Funds Earned (5)
TOTAL					

ADHS USE ONLY

ADHS PROGRAM COORDINATOR CERTIFICATION:
☐ Performance satisfactory for payment
☐ Performance unsatisfactory, withhold payment
☐ No payment due

_____
PROGRAM COORDINATOR SIGNATURE/DATE

THIS SECTION FOR ADHS ACCOUNTING USE ONLY

Total Expenditures or total Fixed Price _____
Adj (if required): _____
Less: Year to date payments _____
Adj (if required): _____
Net payment due:

Index	PCA	AY	Amount

7. CONTRACTOR CERTIFICATION
I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures and fixed price information is valid, based upon our official accounting records (book of account) and consistent with the terms of the contract. It is also understood that the contract payments are calculated by the Department of Health Services based upon information provided in this report.

_____
AUTHORIZED CONTRACTOR'S SIGNATURE/TITLE/DATE

ADHS/BFS/F-110 (Rev. 3/2002)

WHITE-ADHS ACCOUNTING* PINK-ADHS ACCOUNTING COPY * CANARY-ADHS PROGRAM COPY * GOLDENROD-CONTRACTOR'S COPY